## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

1	
SERIAL NO.	FILING DATE
APPLICANT(S)	

## **CLAIMS**

,	AS FILED		AFTER  1"AMENDMENT		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2		<u> </u>		/		
3				<del>/</del> -	<u> </u>	
4			-	<del>/-</del>		<del></del>
. 5				<del>- /-</del>	·	
6						
7 8	·			/		
9				/		
10	· ·	-		/		<del></del>
11				· · · · ·		
12						
13						
14 15			/_	-		
16			/		•	
17			1	<del></del>		··
18				/		
19						
20					·	
21 22				-/		•
23				<del>/  </del>		
24				/		
25.						
26			/			
27 28			-/-			
29		_	<del>-/-</del> -		<del></del>	·
30			<del>/  </del>			
31			/			
32						
33 34			-	/		
35	<del></del>			/-		
36		<del>-                                     </del>		-/-		
37				<del>-/-</del>		
38				·/	•	
39						
40 41				<del>/</del>		
42						
43			<del>- /</del>			- 1
44			/			
45						
46			_/			
47	<del></del>  -		-/			
49	<del></del>	<del>-   -</del>	<del>-/</del>			
50		-	<del>/  </del>			
TOTAL IND.		4		4		1
TOTAL DEP		4		4		4
TOTAL CLAIMS				2.5		

	. ,	AS I	AS FILED		AFTER CAMENDMENT		AFTER 2 MAMENDMENT	
l	•	IND.	DEP.	IND.	DEP.	IND.	DEP.	
ł	51		1				221.	
ł	52 53	-	<del>                                     </del>		-/			
ł	<u> 55</u>		<del> </del>		/			
İ	55	17	<del>                                     </del>	· .	<del>  / -  </del>			
	<b>.</b> 56 ·		1		/			
	57							
ŀ	58	<del> </del>						
ŀ	59 60			/-			-	
ŀ	61	<del> </del>		<b>/-</b> -				
t	62	1.		<del>-/</del>	· · · · ·		•	
I	63			/-				
	64 .			-/	-			
ı	65				/		<del></del>	
ŀ	66							
ŀ	67 68	<del> </del>			_/_			
ŀ	69	<del>                                     </del>			_/			
ŀ	· 70	<del> </del>			/		· · ·	
	71				/			
L	72				/		<del></del>	
L	·73						**********	
ŀ	.74	ļ		/				
ŀ	75 76	-		-/				
ŀ	77	<del> </del>	<del></del>	/				
r	78	1		-1				
Ľ	79						·	
L	80						·····	
ŀ	81							
ŀ	82 83	<del></del>						
H	<u>84</u>	ļ		<del>  </del>				
ŀ	85			<del>  </del>			<del> </del>	
	86				-			
	87					· · ·		
L	88			·				
L	89	i						
ŀ	90 91							
H	92	<del>                                     </del>					<u> </u>	
r	93			<del></del>				
	94			+-	1			
	. 95							
L	96		$\Box$					
-	97							
$\vdash$	98 99	<del>  </del>	<u> </u>					
┝	100	<del>- ,  </del>						
-		1		7			_	
	TAL DEP	74	*	긺	4		4	
Ė	TAL DEP.	17	-	200	4=		<b>F</b> .	
_	CLAIMS	<b></b>		YY.				
		1	U.S. DEPART	NIENT of CO Idemark Offic	MMERCE	BU	Rt	

PTO-1360 (REV. 11/04)